



City of Norfolk

Department of Human Resources

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, and Medical Association.

U.S. Armed Forces, Maritime Services, Veterans Association

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any: School, College, University, Business School, Trade School, High School or Elementary School.

Any local, State or Federal Law Enforcement Agency
Any Past or Present Employer
Credit Bureau or Retail Merchants Association
U.S. Selective service System

I, _____ Address: _____
Have applied for employment with the _____ of the City of Norfolk, Virginia. I am aware that my entire background is to be thoroughly investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Municipal Civil Service Investigator or his representative upon presentation of this release or copy thereof.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Date of Birth _____ Place of Birth _____

Social Security No. _____

Given under my hand, this _____ day of _____, 200 _____

Signature

State of _____
City of _____, TO WIT:

This Day, _____, personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires: _____

Signature
(Seal Requested)